

*School of Molecular and Cellular Biology Instructional Program*  
**MCB 290/492 Faculty Permission Form For Research Experience in  
NON-MCB Laboratories**

Please provide completed form to MCB Core Curriculum Office (252 Davenport Hall) for CRN.

.....  
MCB 290                       MCB 492                       Credit Hours Requested (1 credit ~ 5 hours/wk in lab) \_\_\_\_\_  
Note: You should verify with your faculty advisor actual # of hours expected/wk

.....  
Student's Name: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student UIN (9-Digit UIUC ID#): \_\_\_\_\_ Network ID: \_\_\_\_\_

College: \_\_\_\_\_ Curriculum: \_\_\_\_\_

Class Code (Fr, So, Jr, Sr): \_\_\_\_\_ Phone: \_\_\_\_\_

.....  
Faculty Research Advisor's Name: \_\_\_\_\_

Faculty Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor's College: \_\_\_\_\_ Faculty Advisor's Department: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

.....  
Submit with this form a detailed description of the proposed research project. Include specific research methods and technical skills involved.

.....  
**FOR OFFICE USE ONLY**

MCB 290                       MCB 492

Term (e.g. FA 08, SP 09, SU 08): \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

MCB Signature: \_\_\_\_\_ Processing Date: \_\_\_\_\_